No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 15 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 14434

Registrar's No. 4250

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2721a Ann Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 006

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 2721a Ann Ave.
(If rural, give location)

23

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Caroline Meyer

3. (b) If veteran, name war: ---

3. (c) Social Security No.: ---

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Charles

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Feb. (Month) 7 (Day) 1870 (Year)

8. AGE: Years 78 | Months 2 | Days 27 | If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

10. Usual occupation: Home

11. Industry or business:

MOTHER FATHER

12. Name: John Schuster

13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Louise Cain

(b) Address: 2721a Ann Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/7/48 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Matthews Cemetery

18. (a) Signature of funeral director: Wacker-Wehlerle

(b) Address: 3634 Gravois Ave.

19. (a) MAY 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1948 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from January 15th, 1948 to May 4th, 1948 that I last saw her alive on May 4th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myo-carditis	
Due to: -	
Due to: -	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): No

(b) Date of occurrence: -

(c) Where did injury occur? - (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? - (Specify type of place)

While at work? - (e) Means of injury: -

23. Signature: [illegible] (M. D. or other) M.D.

Address: 1319 So. Bdwy-St. Louis 4, Mo. Date signed: 5-4-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2646

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.